Frequently Asked Questions on

Regional Translational Research Center Planning Grants (RFA RM-05-008)

Q: How should collaborating entities choose the lead institution?
A: Partnering institutions should choose the member best able to manage administrative tasks if their application is successful. In assessing the suitability and strength of the lead institution, reviewers will consider the nature and effectiveness of the cooperative agreement and proposed structure.

Q: Should the lead institution include letters of commitment from all collaborating institutions when it submits the letter of intent on December 1, 2004?
A: This is not necessary; in addition, note that a letter of intent is appreciated but is not mandatory. However, a letter of commitment from a high-level administrator for each collaborating institution should be included with the completed application, due no later than January 19, 2005.

Q: Is an application that proposes an RTRC focused on one disease considered responsive to this RFA?
A: The RTRC initiative, one of nearly 30 NIH Roadmap initiatives, is a trans-NIH effort. As such, it is important that proposed RTRCs not pursue an Institute-specific mission. For example, proposing an RTRC that focuses exclusively on cardiovascular disease, diabetes, stroke, or depression—areas within the exclusive purview of the NHBLI, NIDDK, NINDS, and NIMH, respectively—would not be considered responsive to this RFA. However, an application focused on obesity, for instance, could conceivably address research that cuts across multiple NIH Institutes and Centers.

Q: To what extent is the RTRC Initiative linked to the National Center for Research Resources' General Clinical Research Centers (GCRCs) program?

A: These two programs are best viewed as entirely separate. As noted on the RTRC Web site and in the RFA for the RTRC Planning Grants, the RTRC Initiative responds in part to the widely held perception that existing funding mechanisms do not adequately meet the needs of translational researchers. The major purpose of RTRCs—the outcome of this NIH-wide initiative—is to supplement and extend existing infrastructure to overcome current obstacles to broad-based translational research on a regional and national scale. Relevant NIH-funded centers, such as GCRCs and others, may be included as appropriate as part of a more comprehensive plan to enhance translational research in a region. However, all institutions capable of addressing this goal are encouraged to apply for a planning grant.

Q: Is an application for an RTRC that could operate at a national, not just regional, level considered responsive?
A: It might be considered responsive depending on the administrative details and organizational structure proposed.

Q: Could you give an example of a possible C-RTRC?
A: Applications that follow the C-RTRC model should propose a center that would offer *only* core technologies on a regional or national scale to aid the study of disease pathogenesis or early-phase clinical interventional studies. An example might be a multi-organ tissue bank capable of supplying high-quality control tissue on a broad regional if not national level.

Q: Much of the work at our institution is considered "clinical translation," or Phase II translation. Would a Phase II proposal be responsive to this RFA?
A: Keeping in mind that an application should propose ways to accelerate translational research, while overcoming roadblocks that may impede that progress, an application that, for example, links one or more academic health centers with a primary care patient base could be considered responsive.

Q: Will applications with the largest research institutions be favored, as their size may allow them to facilitate more research?
A: Applying the review criteria stated in the RFA, reviewers will focus on an application's promise of overcoming roadblocks to benefit translational research.

Q: Will funding priorities be adjusted to ensure that RTRCs are not concentrated in one geographic region?
A: The priority scores assigned by the review process will likely be the principal guide to funding decisions; however, NIH program staff might choose between applications with similar scores on the basis of location.

Q: What are the funding levels for each of the three RTRC types?
A: NIH intends to commit approximately $27 million in FY 2006 to support 8 to 10 RTRCs of various models, subject to the availability of funds. Because costs of E-RTRCs will likely be greater than those for the other two types, this model may require greater funding.

Q: Do reviewers envision a "right balance" between core facilities (C-RTRCs) and clinical facilities (RTRCs and E-RTRCs)?
A: The numbers of each will depend on applicants' needs, which should evolve from their assessment of what would best advance translational research.

Q: Will there be additional rounds of planning grants?
A: Yes; at least one more round is envisioned; this RFA will be updated and will likely be released in late FY 2005.

Q: Will unsuccessful applicants be eligible to reapply under subsequent rounds of planning grants?
A: Yes; unsuccessful applicants may revise and resubmit their applications in response to successive RFAs.

Q: When will the RFA for centers be released?
A: Although timing will depend on the allocation of funds, the likely release date is summer 2005. This will allow those writing the RFA for centers to incorporate key information acquired through the planning grants process.

Q: Will unsuccessful applicants for planning grants be eligible to submit an application in response to the RFA for centers?
A: Yes.

Q: Will there be further rounds of RFAs for the RTRCs?
A: Yes. NIH intends to support new awards for RTRCs in FY 2006, 2007 and 2008, depending on annual allocation of funds for Roadmap activities in accord with NIH funding by Congress. Unsuccessful applicants may revise and resubmit their applications in response to successive RFAs until FY 2008.